

**City of Crown Point, Mayor's Office of Special Events and Parks & Recreation Department**  
**Volunteer Application Form**

Welcome to the Mayor's Office of Special Events (MOSE) and Parks & Recreation Department Volunteer Program. Filling out this application is the first step in turning your talents and skills into positive action for your community. The information you provide will only be used in relation to volunteer assignments and will not be made available to the general public.

**Name and Address**

Name: \_\_\_\_\_

*If you are representing an organization to volunteer, please list the organization and your title:*

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Title: \_\_\_Mr. \_\_\_Mrs. \_\_\_Ms. \_\_\_Dr. \_\_\_Miss.

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone and or Business: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Both Parks & MOSE primarily contacts with email, if you prefer another method, please let us know so that we can accommodate you:

Preferred method to be contacted: \_\_\_cell phone \_\_\_home phone \_\_\_e-mail \_\_\_U.S. mail  
\_\_\_business phone \_\_\_Other (please list) \_\_\_\_\_

Person and phone number to contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal Information**

*Note: All applicants under 18 MUST include date of birth.*

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Vocation or employer: \_\_\_\_\_

Felony conviction?: Yes      No

If yes, please

explain: \_\_\_\_\_

**Release from Liability**

**Volunteer, Volunteer's parents (if under 18 years of age), or Guardian herein agree to Release the City from all Liability and hold the CITY OF CROWN POINT, INDIANA harmless, including attorney fees, for all injuries or damage of any kind suffered or incurred by said volunteer during the course of the volunteer work being performed.**

X \_\_\_\_\_  
Volunteer or Guardian (if under 18 years of age)

**Describe how you heard about the volunteer program:**

**We Want to Know About You:**

**Interests:**

<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Management	<input type="checkbox"/> Information
<input type="checkbox"/> Education	<input type="checkbox"/> Administrative	<input type="checkbox"/> Technology
<input type="checkbox"/> Classic Cars	<input type="checkbox"/> Senior Citizens	<input type="checkbox"/> Neighborhood
<input type="checkbox"/> Sports and Recreation	<input type="checkbox"/> activities	<input type="checkbox"/> Involvement
<input type="checkbox"/> Reading	<input type="checkbox"/> Holiday Activities	<input type="checkbox"/> Tourism
<input type="checkbox"/> Emergency	<input type="checkbox"/> Environment	<input type="checkbox"/> Mailings
<input type="checkbox"/> preparedness	<input type="checkbox"/> Beautification	

**Skills:**

<input type="checkbox"/> Accounting	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Foreign language
<input type="checkbox"/> Data entry	<input type="checkbox"/> Finance	<input type="checkbox"/> Neighborhood clean-up
<input type="checkbox"/> Graphic design	<input type="checkbox"/> Home repair	<input type="checkbox"/> Organizing events
<input type="checkbox"/> Newsletter editing	<input type="checkbox"/> Office Support	<input type="checkbox"/> Research
<input type="checkbox"/> Tutoring and training	<input type="checkbox"/> Photography	

**Time Available:**

<input type="checkbox"/> Afternoons	<input type="checkbox"/> Weekends	<input type="checkbox"/> Weekly
<input type="checkbox"/> Evenings	<input type="checkbox"/> Flexible	<input type="checkbox"/> Monthly
<input type="checkbox"/> Mornings	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Summer

I certify that all statements I have made on this application are true and correct and I hereby authorize the City of Crown Point to investigate the accuracy of this information. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits and not as a paid employee. I understand that the City of Crown Point, Mayor's Office of Special Events (MOSE) or Parks participates in local high school community service programs, and that those participants must issue a school form the **day of or up to 1 week after service is render to receive accreditation**. It is *not the responsibility of the Mayor's Office of Special Events or Parks to reproduce or issue school forms*. Therefore, it is the sole responsibility of the volunteer to keep track of serviced hours. As a City of Crown Point volunteer, I give city of Crown Point, permission to use any photographs or videos made of me during my service without obligation or compensation to me. I understand that the city of Crown Point reserves the right to terminate a volunteer's service at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **MY VOLUNTEER STYLE**

**Please read carefully!**

The questions on this page deal with your personal style of working in volunteer groups. It is intended to shed light on how you might best contribute your skills to enhance the quality of life for those who live, work, and visit Crown Point. Take time to fully consider each question. Given your past experiences in volunteer situations, be as objective as possible and check only those that apply to you. On average, you should find that no more than half of these statements apply to you.

**Name:** \_\_\_\_\_

1. \_\_\_ I like planning meetings and preparing agendas.
2. \_\_\_ I like to get involved in activities where I work with others.
3. \_\_\_ Community development is important, but I have other causes closer to my heart.
4. \_\_\_ I want to be involved in helping during event days only.
5. \_\_\_ I want to work on specific projects important to me, start-to-finish.
6. \_\_\_ I would like to manage other volunteers; motivate them.
7. \_\_\_ I like to develop ideas; I hate working on details.
8. \_\_\_ I like to get involved in activities where I can work with others.
9. \_\_\_ I am concerned about the city, but don't have a lot of time.
10. \_\_\_ I would like to work with merchants and property owners.
11. \_\_\_ I feel comfortable sharing fiscal responsibility for programs I'm interested in.
12. \_\_\_ I consider myself a community leader, representing a specific issue.
13. \_\_\_ My primary concern is the continued enhancement of this community as a good place to live.
14. \_\_\_ I am most comfortable in small groups.
15. \_\_\_ I thrive on chaos and conflict; I'm a good & fair negotiator.
16. \_\_\_ I have 1-5 hours per week to dedicate to a project.
17. \_\_\_ I have 5-10 hours per month to dedicate to a project.
18. \_\_\_ I have only some time to meet quarterly.

## **Volunteer Rights and Responsibilities**

### **A VOLUNTEER HAS A RIGHT TO...**

- A job that is worthwhile and challenging.
- Be trusted with necessary and confidential information.
- Be kept informed on what is happening.
- Expect that his or her tasks have been planned for.
- Orientation and/or training.
- Receive advice and support from a designated supervisor.
- Appropriate recognition even on a day-to-day basis.
- Out of pocket reimbursement for approved spending.
- Be treated as a non-paid staff member

### **THE RESPONSIBILITY TO...**

- Know his or her limitations.
- Respect confidence.
- Follow organizational guidelines.
- Prepare for work assignments.
- Acknowledge the need for training and participate fully.
- Consult with supervisor when unclear on policy or action.
- Give constructive feedback that will improve effectiveness.
- Refuse gifts or tips from recipients of service.
- Work as a team member.